



CAST DRUG DISPENSING

Affix Patient I.D. Here

COMPLETE WHEN DISPENSING CAST DRUGS OR WHEN DOSE IS CHANGED, EXCEPT DURING OPEN LABEL TITRATION OR DURING BLINDED RETITRATION

1 Date drug dispensed: / / DATE14
mo dy yr

REASON FOR DRUG DISPENSING

- 2
- ☐
- 1 Randomization to blinded therapy REASON14
-
- ☐
- 2 Followup
-
- ☐
- 3 Replacement for lost drugs
-
- ☐
- 4 Change in drug or dose during followup

STUDY DRUG

3 ☐ 1 CAST-ENC ☐ 2 CAST-FLEC ☐ 3 CAST-MOR
☐ 1 Dose 1 ☐ 2 Dose 2 DOSE14

Prescribed schedule:

- ☐
- 1 Protocol schedule
-
- ☐
- 2 Non-protocol schedule-SPECIFIC APPROVAL REQUIRED

If non-protocol, specify: mg/day

PILLS DISPENSED

- 4 Number of pills dispensed
-
- PILLS14
-
- 5 X-bottle number for initial supply, for replacement of lost drugs or for a change in drug or dose following blinded retitration:

X- - - - -
site hos drg bottle# chkX- - - - -
site hos drg bottle# chk

Name of person filling out form

 Code NumberDRUGDISP
CAST 14.01
5/21/87
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